

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Baldwell

Registration District No. 96

Township Hannibal

Primary Registration District No. 4058

City Hannibal

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Margaret Jane Stephenson

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

Widow

**6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Archie Stephenson

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

Dec 26 1894

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

87

5

6

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**

housewife

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.**

**10. Date deceased last worked at this occupation (month and year)**

**11. Total time (years) spent in this occupation**

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Baldwell Co. Mo.

**13. NAME**

Joseph Leathart

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Missouri

**15. MAIDEN NAME**

Chappay

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Missouri

**17. INFORMANT (ADDRESS)**

Mrs. J. J. Smylie

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Highland

DATE June 3

1934

**19. UNDERTAKER (ADDRESS)**

Nettie R. Hardy

**20. FILED**

June 2 1934

Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

June 1st 1934

**22. I HEREBY CERTIFY**

That I attended deceased from

Nov 15 1933 to June 1st 1934

I last saw her alive on May 31, 1934. Death is said

to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma in rectum and one on back

Date of onset

Age and kidneys.  
Albumen

**Name of operation**

Physical

Date of \_\_\_\_\_

**What test confirmed diagnosis?**

Was there an autopsy? No

**23. If death was due to external causes (violence), fill in also the following:**

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

**Manner of injury**

**Nature of injury**

**24. Was disease or injury in any way related to occupation of deceased? No**

If so, specify \_\_\_\_\_

(Signed)

Dr. J. J. Hardy, M. D.

(Address) Hannibal, Mo.

TO RECEIPT OF CERTIFICATE UNIT IN THE COM. BY A PERSON DESCRIBED BY LAW

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